

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION
Receive Date:
10/21/2019
Document Number:
402195734

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 69175 Contact Person: Jenifer Hakkarinen
Company Name: PDC ENERGY INC Phone: (303) 860 5800
Address: 1775 SHERMAN STREET - STE 3000 Email: Jenifer.Hakkarinen@pdce.com
City: DENVER State: CO Zip: 80203
Is the Operator a Tier One member of the Utility Notification Center of Colorado (CO811) that participates in Colorado's One Call notification system? Yes No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 432093 Location Type: Production Facilities
Name: Thornton Number: 15E-HZ Pad
County: WELD
Qtr Qtr: NWNW Section: 15 Township: 7N Range: 66W Meridian: 6
Latitude: 40.581500 Longitude: -104.772500

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477904 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.581162 Longitude: -104.773160 PDOP: Measurement Date: 06/30/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432093 Location Type: Well Site No Location ID
Name: Thornton Number: 15E-HZ Pad
County: WELD
Qtr Qtr: NWNW Section: 15 Township: 7N Range: 66W Meridian: 6
Latitude: 40.581500 Longitude: -104.772500

Flowline Start Point Riser

Latitude: 40.581504 Longitude: -104.772507 PDOP: Measurement Date: 06/30/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: _____ Date Construction Completed: 09/07/2014

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/21/2019 Email: Jenifer.Hakkarinen@pdce.com

Print Name: Jenifer Hakkarinen Title: Reg Tech

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:  **Director of COGCC** Date: 9/9/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402195734	Form44 Submitted
402216484	AERIAL PHOTO

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)

